



## Arkansas Department of Community Correction

Two Union National Plaza Building  
105 West Capitol, 2<sup>nd</sup> Floor  
Little Rock, Arkansas 72201-5731  
(501) 682-9510 Fax: (501) 682-9513

---

### **ADMINISTRATIVE DIRECTIVE: 08-12 OFFENDER SUBSTANCE ABUSE**

**TO: DEPARTMENT OF COMMUNITY CORRECTION EMPLOYEES**

**FROM: G. DAVID GUNTARP, DIRECTOR**

**SUPERSEDES: AD 98-08**

**PAGE 1**

**APPROVED: Signature on File**

**EFFECTIVE: AUGUST 15, 2008**

**I. APPLICABILITY.** This policy applies to Department of Community Correction (DCC) employees and offenders.

**II. POLICY.** The DCC is committed to drug testing, sanctions and treatment interventions for substance abusing offenders. It is DCC policy to maintain a zero tolerance for substance abuse. All drug tests are performed solely for the purpose of determining offender compliance with the terms of supervision and not for the purpose of providing information for the diagnosis, prevention or treatment of any disease or impairment of, or the assessment of the health of the offender. DCC enforces the terms of the offender supervision by administering an offender substance abuse testing program to enforce supervision conditions, policies and procedures and/or sanctions while holding offenders accountable; increase staff, institutional and public safety; and reduce recidivism.

### **III. DEFINITIONS.**

**A. Chain of Custody.** A procedure that governs the collection, testing and handling, storage and transportation of a urine specimen. The chain of custody ensures that specimens are not altered or tampered with from the point of collection through the reading of results, including confirmation, if appropriate.

**B. Confirmation Test.** A test used to verify positive results from an initial screening test. This test uses Gas Chromatography/Mass Spectrometry to provide a greater margin of accuracy.

(Rev 9/17/08)

---

*"We provide opportunities for positive change"*

- C. Gas Chromatography/Mass Spectrometry (GC/MS).** A process used to identify substances, such as prohibited drugs. The process is based on separating or extracting substances by moving them, using helium or nitrogen carriers, to a detector for identification and measurement.
- D. Non-Instrument Test.** A portable test requiring no calibration or formal instrumentation.
- E. Observer.** An authorized individual designated to collect (at the direction of a DCC testing officer) or observe the collection of urine specimens in accordance with this policy. DCC employees, court personnel or Arkansas law enforcement officers may be designated as observers. Observers are not authorized to perform other aspects of drug testing.
- F. Offender.** Probationer or parolee under DCC community supervision or resident of a Community Correction Center (CCC).
- G. Onsite Substance Abuse Testing.** The non-instrument testing of urine specimens by trained DCC employees.
- H. Prohibited Drug.** A prohibited drug is any substance having psychological and/or physiological effects on a human being and that is not a prescription or nonprescription medication, including controlled substances and controlled substance analogs or volatile substances that produce the psychological and/or physiological effects of a controlled dangerous substance through deliberate inhalation, injection or ingestion; any drug which is inconsistent with or unrelated to accepted medical practices; and alcohol when an offender is so directed to refrain from consumption.
- I. Random Testing.** Selecting offenders for substance abuse testing using a mechanism that results in an equal probability that any offender, from a group of offenders subject to the selection mechanism, will be selected and subsequently tested.
- J. Reasonable Suspicion.** A belief that an offender is using or has used prohibited drugs or alcohol, based on specific objective and articulated facts and reasonable inferences, which may include, among other things, the following:
1. Observable information, such as direct observation of prohibited drug use and/or physical symptoms or manifestations of being under the influence of a prohibited drug;
  2. Abnormal conduct or erratic behavior;
  3. A report of prohibited drug use provided by a reliable and credible source;
  4. Evidence that an offender has tampered with a urine sample or drug test; or
  5. Evidence that an offender is involved in the use, possession, sale, solicitation or transfer of prohibited drugs.

**K. Substance Abuse Test.** A test administered for the purpose of determining the presence or absence of a prohibited drug or the metabolites of a prohibited drug in a person's bodily fluids.

**L. Testing Officer.** A DCC employee trained and authorized to conduct substance abuse testing.

#### **IV. GUIDELINES.**

**A. Substances to Be Tested and Methodology.** On-site urinalysis testing is authorized to be administered to an offender for a variety of substances to include cocaine, THC/marijuana, opiates, heroin, amphetamines, meth-amphetamines, barbiturates, benzodiazepines, PCP, and methadone. On-site urinalysis and saliva testing are authorized for detecting alcohol use.

**B. Notice of Substance Abuse Testing Program.** At intake, offenders shall be provided and asked to sign the Notice of Substance Abuse Testing, AD 08-12 Form 1, to indicate understanding of the testing program. The notice provides the following information:

1. Types of testing authorized;
2. Specimen(s) required to be submitted;
3. Statement describing the test procedures;
4. Consequences of a positive test result;
5. Consequences of adulteration of and/or failure to provide a specimen for substance abuse testing;
6. The responsibility of the offender submitting to the test to report his/her use of a prescription or nonprescription medicine, and the requirement to provide such proof; and
7. Failure to sign the Offender Confession of Illegal Substance Use statement (on the Drug/Alcohol Test Form, AD 08-12 Form 2) shall not invalidate positive results of any substance abuse test.

**C. Employee Safety.** Employees should adhere to the following minimum safety precautions when administering a drug or alcohol test:

1. Use rubber or latex gloves when handling specimens;
2. Avoid contact of the chemicals/reagent with eyes and skin and if contact occurs, take the following actions:
  - a. For eye contact, flush with plenty of water (for at least 15 minutes), and, if eyes become irritated, contact a physician;
  - b. For contact with skin, flush with plenty of water, wash areas with soap and water, and if skin is irritated, contact a physician.
3. Do not eat, drink or smoke at the test site;
4. Use only the mechanical pipetting device to place urine on test slides;

5. Do not refrigerate food or beverages where specimens are stored;
6. Practice thorough hand washing after handling specimens/chemicals;
7. Refer to the manufacturer's Material Safety Data Sheet (MSDS) for information regarding the test;
8. Have the offender clean up his/her spills using diluted chlorine bleach and soapy water (1 tbsp. of bleach per gal. of water);
9. Have the offender flush remaining specimen (if a confirmation will not be requested);
10. When testing in the office, use a plastic-lined trash receptacle for the disposal of drug/alcohol testing items; and
11. Ensure appropriate supplies are available and accessible only to authorized individuals. [Testing supplies should include, at minimum, test kits, seals, labels, rubber gloves, specimen bottles, security tape, mailing containers and chain of custody forms.]

#### **D. Substance Abuse Testing.**

1. Testing shall not be used for harassment or as a means of punishment or discipline, nor shall it be based on an offender's race, color, religion, gender, age or national origin.
2. DCC offenders are subject to substance abuse testing at any reasonable time if one or more of the following circumstances exist(s):
  - a. Parolees or Probationers. In accordance with a condition or lawful order set forth by a court or the Parole Board;
  - b. CCC Residents. Additionally, CCC residents are subject to substance abuse/use testing under the following circumstances:
    - (1) Under reasonable suspicion that an offender is using, has used or possesses prohibited drugs and the basis for the suspicion is documented; or
    - (2) A Center Supervisor orders (in writing) all offenders in a particular housing unit or work crew to submit to testing. This authority may not be delegated;
    - (3) The resident is selected for testing in accordance with an approved computerized methodology for random testing. Use of this methodology requires the following:
      - (a) Center Supervisor designation of a person to be responsible for generating lists of randomly selected offenders to be tested. The list shall be kept confidential (unannounced) by the designee until testing, at which time only appropriate staff responsible for directing the selected residents' movement and the center supervisor will be notified.

- (b)Center Supervisor ensures that at least 25% of the center population is testing during each quarter.
- (c)Offenders selected for random testing will not be disqualified for testing based upon the fact that they were recently tested for other reasons.
- (d)The methodology used shall not give a employee discretion to waive the selection of any offender.

(4)The resident is being released from a CCC to community supervision.

c.The court requests testing of an adult criminal defendant.

**V. DISCLOSURE OF SUBSTANCE ABUSE TEST RESULTS.** Appropriate confidentiality of information shall be maintained. Requests for disclosure of test results should, when possible, be made in writing and shall be properly documented as to the action taken and to whom and when disclosure was made. Authorization to release results of substance abuse tests shall be as follows:

- A.** To the offender;
- B.** To other persons with the offender's prior written consent, AD 08-12 Form 3;
- C.** Pursuant to court order;
- D.** To medical personnel to meet medical emergencies of the offender;
- E.** To agency personnel on a "need to know" basis;
- F.** To other criminal justice agencies on a "need to know" basis;

## **VI. TESTING PROCEDURES, CONFIRMATION AND DOCUMENTATION.**

**A. Initial Screening (On-Site Testing).** Urine specimens shall be collected in a manner reasonably calculated to address privacy considerations, while preventing the substitution, contamination and adulteration of specimens. Chain of custody procedures shall be followed to preclude the likelihood of erroneous identification of test results. Testing officers and observers shall adhere to the following testing procedures:

1. Be of the same gender as the offender when observing urine specimen collections and position himself/herself in such a manner as to verify at least 30 ml. of urine specimen passes directly from the offender's body into the specimen bottle. Observation must be direct and continuous;
2. Test one offender at a time and allow no other offender in the collection site during the process. If using a public restroom for the collection site, a "No Admittance" sign should be posted on the outside of the restroom until the specimen is collected and the container is sealed.

(Rev 9/17/08)

3. Upon the offender's arrival at the collection site, ask the offender to present photo identification unless the offender is known by the testing officer.
4. Ask the offender to remove any unnecessary outer garments and set aside purses or other hand held items to reduce the potential for or appearance of tampering with a specimen. Care must be taken to allow the offender to safeguard personal belongings.
5. If deemed necessary, conduct a frisk search of the offender to determine if adulterants are stored on the offender's body or clothing. The collection area must be inspected and any potential contaminants removed.
6. Instruct the offender to wash and dry his/her hands prior to urination.
7. Require the offender to remain in the testing officer's/observer's presence throughout the entire testing process without access to water fountains, faucets, soap dispensers or cleaning agents.
8. Conduct quality control of reagents in accordance with the manufacturer's test kit instructions.
9. Allow the offender to wash his/her hands after the specimen has been submitted and keep the specimen in view of the testing officer and offender at all times throughout the process.
10. Conduct the drug test in the presence of the offender and according to the manufacturer's testing kit instructions. NOTE: Drug testing kits shall not be used beyond the expiration date on the package.
11. If the test is positive, complete Section 1 (On-Site Drug/Alcohol Test and Chain of Custody Documentation) of the Drug/Alcohol Test Form, AD 08-12 Form 2, which shall serve as the positive result record and Chain of Custody form. A copy of this form shall be designated "Confidential" and retained in the offender's record.
12. Ask the offender to sign Section 1 of the Drug/Alcohol Test form. A failure to sign the form shall not invalidate the results of any substance test.
13. Document information regarding the test on the Offender Substance Abuse Testing Log, AD 08-12 Form 4.
14. Require an offender unable to provide a specimen to remain at the collection site until 30 ml. of urine is collected or for two (2) hours, whichever comes first. The offender may be given eight (8) ounces of water every thirty (30) minutes to assist in specimen production. If a specimen is not provided within two (2) hours of being ordered to do so, it will be considered a refusal to provide a specimen, which may result in a sanction.

15. Reject specimens if use of adulterants or tampering is suspected or observed. Document the decision to reject the sample and administer another test at the testing officer's discretion. Contamination of specimens through the use of adulterants, tampering with or attempts of the same will be considered the same as a positive result.
  16. When testing is completed, require the offender to flush any remaining specimen and discard the container if a confirmation will not be requested.
- B. Confirmation of Drug Screening Results.** If, at the discretion of the officer, confirmation of a drug test is desirable and a confession of use cannot be obtained from an offender, the initial specimen must be used for confirmation. A confession does not require confirmation. The confirmation test, when ordered, shall be the GC/MS conducted by a NIDA approved and legally certified laboratory. The following procedures will be followed when a determination to confirm has been made:
1. Keep the specimen and custody documents in the offender's view at all times until the specimen is labeled and sealed.
  2. The testing officer and the offender shall complete Section 1 of the Drug/Alcohol Test Form (Form 2), which shall serve as the DCC Chain of Custody form. This provides a Chain of Custody up to the point of sending a sample for confirmation. A failure of the offender to sign the form shall not invalidate the results of any drug/alcohol test. The testing officer shall also complete the Offender Substance Abuse Test Log (Form 4).
  3. The offender, or the testing officer in the offender's presence, shall break the seal on the Department of Transportation (DOT) approved confirmation mailing kit so that both parties may inspect the container to confirm it is not contaminated.
  4. In the offender's presence, the testing officer shall pour the offender's urine specimen into the confirmation bottle and secure the cap.
  5. The testing officer shall instruct the offender to affix an identification label to the specimen container (or the testing officer will do so in the offender's presence) and have the offender initial the identification label. The offender will sign Section 3 (Confirmation Test Statement) of the Drug/Alcohol Test Form (Form 2). A failure to sign the form shall not invalidate the test results.
  6. In the offender's presence, the testing officer shall prepare the specimen for mailing according to the NIDA-approved laboratory's confirmation kit instructions and ensure the package is properly secured to prevent tampering or leakage. The laboratory-provided Chain of Custody form shall also be properly completed. This form continues the Chain of Custody for the sample when sent for confirmation. The testing kit must be mailed, or the pickup agent contacted the same day the specimen is obtained. If storage is unavoidable, the specimen shall be refrigerated at a temperature of 33-42 degrees Fahrenheit for a period

not to exceed 72 hours. The refrigerator shall be located in an area inaccessible to unauthorized persons.

7. When confirmation results are received, the Confirmation Test Results portion of the Offender Substance Abuse Testing Log (Form 4) shall be completed, recording “pos” for positive and “neg” for negative test results. Plus (+) or minus (-) sign entries shall not be made.

### **C. Documentation.**

1. Testing activity shall be supported by appropriate documentation. Results of substance abuse screening and confirmation tests, where appropriate, and type of substance detected, if any, shall be entered on the Offender Substance Abuse Testing Log by offender number, not name, and in the offender’s chronological record, where it should remain for the period of supervision.
2. Area/Center Supervisors shall ensure accurate records of testing activity.

## **VII. SANCTIONS FOR POSITIVE TEST RESULTS.**

- A. CCC Residents.** Appropriate sanctions for positive testing results shall be determined in accordance with policy. Authority for revocation of confinement in CCC's is with the courts and Parole Board. Recommendations for revocation for violation of drug abuse policy shall follow established procedures. The Center Supervisor or his or her designee may interview residents to determine the source of prohibited drugs. Such interview shall be documented.
- B. Offenders Under Community Supervision.** When an offender under community supervision tests positive for prohibited drugs, supervision officers must consider a graduated scale of sanctions and/or interventions in accordance with established guidelines in the Parole/Probation Supervision manual.

Initial sanctions may include verbal/written reprimands/warnings, extra work assignments or community service, home detention, testing, increased supervision level, assignment to a day reporting center (if available), and/or violation report for a petition to revoke.

**VIII. TRAINING.** Staff conducting drug testing shall be appropriately trained to collect specimens and conduct on-site substance abuse tests. Training will be coordinated and documented in accordance with the Administrative Directive on Employee Training. Substance abuse testing shall be incorporated in basic training programs or provided, as appropriate, during initial orientation and in annual in-service training programs.



**IX. STANDARDS.** American Correctional Association Standards for Adult Community Residential Services, 3<sup>rd</sup> Edition, 3-ACRS-4F-12 and Standards for Adult Probation and Parole Field Services, 2<sup>nd</sup> Edition, 2-3114 and 2-3132.

**X. ATTACHMENTS.**

1. AD 08-12 Form 1 Notice of Substance Abuse Testing
2. AD 08-12 Form 2 Positive Drug/Alcohol Test Form
3. AD 08-12 Form 3 Authorization for Release of Drug Test and Results Information
4. AD 08-12 Form 4 Offender Substance Abuse Testing Log

**Arkansas Department of Community Correction**  
**NOTICE OF SUBSTANCE ABUSE TESTING**

**ORIENTATION**

As an offender under the supervision of the Arkansas Department of Community Correction, you may be required to submit urine and/or saliva specimens for testing at times specified by your Parole/Probation Officer, or Residential Supervisor. Specimens will be collected under continuous and direct observation. Any action on your part to adulterate or attempt to adulterate a specimen will result in the specimen being considered compromised and will be treated as a violation of the conditions of parole, probation, release or community correction center rules.

Refusal to provide a urine or saliva specimen may constitute a violation of your conditions of parole, probation, release, or custody, and you may be subject to appropriate penalties. A confirmation test by an independent lab may be requested if necessary. Refusal to sign the offender confession of illegal substance use statement (on the drug alcohol test form) shall not invalidate the positive results of any substance abuse test.

**OFFENDER STATEMENT**

I have been informed of the requirements of the Substance Abuse Testing Program as outlined above. Prior to providing a urine or saliva sample, I will inform the testing officer if I have taken any prescription medication within the previous four (4) weeks which may cause a positive test result. I will provide positive proof of any physician-ordered prescription. I will show proper photo identification when requested by the drug testing officer.

---

Offender Name (Print)

---

Date

---

DCC Officer Name (Print)

---

Offender Signature

---

Date

---

DCC Officer Signature

**Arkansas Department of Community Correction**  
**POSITIVE DRUG/ALCOHOL TEST FORM**

**Section 1**

\_\_\_\_\_  
Offender Name (Print)

\_\_\_\_\_  
Offender Number

\_\_\_\_\_  
Date

\_\_\_\_\_  
Time

☐ AM ☐ PM  
\_\_\_\_\_  
of Collection

**OFFENDER'S STATEMENT:** In producing this urine or saliva sample, I certify that I do not have on my person nor, did I use any other urine or device which will cause the substitution of another's urine for my own. I have not tried to tamper with my urine specimen. I certify that I have not taken any drugs or medication in the past four weeks, other than those listed below, nor have I consumed any alcohol within the past 24 hours, and that the specimen was one that I submitted. I understand that giving false or misleading information constitutes a violation of my supervision conditions, or community correction center rules.

**List any drugs or medications used:** \_\_\_\_\_

**SCREEN TEST RESULTS**

**Test positive for**

☐ OPIATES ☐ BENZODIAZEPINES ☐ PCP ☐ AMPHETAMINES

☐ Offender Refused to produce sample

☐ COCAINE ☐ BARBITURATES ☐ THC/MARIJUANA

☐ Specimen Not Produced in a Timely Manner

☐ ALCOHOL \_\_\_\_\_ % ☐ OTHER: \_\_\_\_\_

☐ Offender Attempted To or Did Compromise Specimen Integrity

\_\_\_\_\_  
Offender Name (Print)

\_\_\_\_\_  
Offender Signature

\_\_\_\_\_  
Officer's Name

\_\_\_\_\_  
Officer's Signature

**CHAIN OF CUSTODY**

**NOTE:** This section is completed only if it is necessary for someone other than the offender and testing officer to take possession of the specimen. All persons who handle the specimen will complete this section.

RELEASED BY	RECEIVED BY	PURPOSE OF CHANGE/REMARKS	DATE	TIME
_____ Print Name	_____ Print Name	_____	_____	_____
_____ Signature	_____ Signature	_____	_____	_____
_____ Print Name	_____ Print Name	_____	_____	_____
_____ Signature	_____ Signature	_____	_____	_____
_____ Print Name	_____ Print Name	_____	_____	_____
_____ Signature	_____ Signature	_____	_____	_____

**Section 2**

**OFFENDER CONFESSION OF ILLEGAL SUBSTANCE USE**

I acknowledge that I have used the following substances within the past four (4) weeks or alcohol within the past 24 hours:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
**Offender's Signature**                      **Date**                      **Officer's Signature**

**Section 3**

**CONFIRMATION TEST STATEMENT**

I hereby certify that the urine sample taken at \_\_\_\_\_ ☐ AM ☐ PM on \_\_\_\_\_ (date) is my own.  
I have sealed or witnessed the sealing and taping of the specimen container.

\_\_\_\_\_  
Offender Signature

\_\_\_\_\_  
Testing Officer/Witness Signature

The above-referenced drug screen was administered solely for the purpose of determining compliance with lawful orders or conditions imposed by the Courts or the Parole Board and not for the purpose of providing information for the diagnosis, prevention or treatment of any disease or impairment of, or the assessment of the health of the offender.

**Arkansas Department of Community Correction**  
**AUTHORIZATION FOR RELEASE OF DRUG TEST & RESULTS INFORMATION**

**CONFIDENTIAL**

**PROHIBITION REGARDING DISCLOSURE**

This information has been disclosed to you from records whose confidentiality is protected by federal and state laws prohibiting you from making further disclosure of this information, except with the specific written consent of the person to whom it pertains. A general authorization for the release of medical or other information, if held by another party, is not sufficient for this purpose.

I, \_\_\_\_\_  
Offender Name (Print) Offender Date of Birth

authorize \_\_\_\_\_  
Releasing Department, Circuit, or Area

to disclose the following information (specify the nature and extent of information to be released):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

To: \_\_\_\_\_  
Name of Person Requesting Information

\_\_\_\_\_  
Requesting Department/Agency

\_\_\_\_\_  
Street Number/Address

\_\_\_\_\_  
City State Zip Code

For the purpose of: \_\_\_\_\_  
State Purpose of Disclosure

This authorization and consent are made for the purpose of reporting my drug/alcohol test(s) result to the above-designated individual and/or organization. This authorization and consent are subject to revocation by the undersigned at any time except the extent that actions taken in reliance thereon. If not earlier revoked, this consent terminates on: \_\_\_\_\_

(Month / Day / Year)

Releaser, its agents, and its employees are hereby relieved of any responsibility and liability that may arise from the release or reproduction of such records and/or information.

\_\_\_\_\_  
Offender Signature Date Signature of Witness Date

NAME OF OFFICER SUBMITTING REPORT: \_\_\_\_\_ MONTH: \_\_\_\_\_ YEAR: \_\_\_\_\_ ☐ PAROLE  
☐ PROBATION  
 Circuit: \_\_\_\_\_ Area or Center: \_\_\_\_\_ ☐ CENTER

## CONFIRMATION TEST RESULTS

Facility Location

[illegible]

## ACTION CODES

**D = Petition to Revoke**  
**E = Request**  
**F = No Action Required**  
**G = Other Alternative**

